

# COLLIN COUNTY TEEN COURT

## DEFENDANT'S REQUEST FOR EXTENSION

This request must be signed by both the teen defendant and his/her parent or guardian. This request must be received at least five business days prior to the due date to turn in community service hours. If these requirements are not met, the request will automatically be denied. You will receive a copy of this form back notifying you of the decision at the bottom.

Defendant's Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Cause No.: \_\_\_\_\_

How much of your sentence have you already completed? \_\_\_\_\_

Original due date to turn in hours: \_\_\_\_\_

Reason for requesting an extension:

How many additional days (past the due date) are you requesting? \_\_\_\_\_

I, the above named defendant, certify that this request is necessary and that the facts stated herein are true and correct. I also understand that this does not guarantee that my request will be granted and that if it is, I will receive a letter informing me of the decision.

Date: \_\_\_\_\_  
Signature of Defendant

### Parent/Guardian Certification

I, \_\_\_\_\_, the parent/guardian of the above named defendant, hereby certify that I am in agreement with this request, that the information contained herein is true and correct, and that I have done everything, and will continue to do everything, in my power to help my child complete the sentence of the Teen Court.

Date: \_\_\_\_\_  
Signature of Parent/Guardian

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### **FOR OFFICE USE ONLY:**

Received on: \_\_\_\_\_. Reviewed on: \_\_\_\_\_. The request is: \_\_\_\_\_.

The new due date is: \_\_\_\_\_  
(the new due date may or may not match what was requested)

\_\_\_\_\_  
Signature of Teen Court Coordinator